MULTIPLE DE NDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.
1051809
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 SAMENDMENT			AS FILED		AFTER I AMENDMENT		AFTER 2 AMENDMENT	
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TOTAL CLAIMS	7						TOTAL CLAIMS				3.75		